



B/IFW

2626

PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

09/549,967

Filing Date

April 14, 2000

First Named Inventor

Cullen, John F.

Art Unit

2626

Examiner Name

Scott A. Rogers

Attorney Docket Number

015358-003820US

## ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/ Incomplete Application

☐

Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a Provisional Application

☐

Power of Attorney, Revocation Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board of Appeals and Interferences

☐

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify below):

Supplemental Application Data Sheet, Return Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

S.B. Kotwal

Printed name

Sujit B. Kotwal

Date

November 9, 2005

Reg. No.

43,336

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Krista K. Merrimac

Typed or printed name

Krista K. Merrimac

Date

November 9, 2005



## Application Data Sheet

### Application Information

Application number:: ~~09/549,967~~ 09549967

Filing Date:: 04/14/00

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SYSTEM FOR ALIGNING DOCUMENT IMAGES  
WHEN SCANNED IN DUPLEX MODE

Attorney Docket Number:: 15358-003820

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 7

Total Drawing Sheets:: 9

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: F.  
Family Name:: Cullen  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 24 Julius Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94133

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Peairs  
Name Suffix::  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 897 Woodland Avenue  
City of Mailing Address:: Menlo Park  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: J.  
Family Name:: Hull  
Name Suffix::  
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State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 751 Laurel Street PMB 434  
City of Mailing Address:: San Carlos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94070

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	08/852,489	05/07/97



## Foreign Priority Information

Country::                                      Application number::                                      Filing Date::

### Assignee Information

Assignee Name::                                      Ricoh Company, Ltd.  
Street of mailing address::                                      15-5 Minami Aoyama 1-Chome, Minato-Ku  
City of mailing address::                                      Tokyo  
State or Province of mailing address::  
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Assignee Name::                                      ~~Ricoh Innovations, Inc.~~ Ricoh Corporation  
Street of mailing address::                                      2882 Sand Hill Road, Suite 115  
City of mailing address::                                      Menlo Park  
State or Province of mailing address::                                      CA  
Country of mailing address::                                      US  
Postal or Zip Code of mailing address::                                      94025